

Food Allergy Testing and Treatment (NCD 110.11)

Guideline Number: MPG118.06
Approval Date: December 9, 2020

[↪ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> Allergy Testing and Allergy Immunotherapy

Policy Summary

[↪ See Purpose](#)

Overview

Allergy testing is performed to determine a patient's immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state, and is based on findings during a complete medical and immunologic history and appropriate physical exam obtained by face-to-face contact with the patient.

Guidelines

Sublingual intracutaneous and subcutaneous provocative and neutralization testing and neutralization therapy, (Rinkel Test and Rinkel Injection Therapy, RIT) for food allergies are excluded from Medicare coverage because available evidence does not show that these tests and therapies are effective. This exclusion was published as a Final Notice in the "Federal Register" on September 29, 1988.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
95199	Unlisted allergy/clinical immunologic service or procedure

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Diagnosis Code	Description
Non-Covered	
L27.2	Dermatitis due to ingested food
T78.00XA	Anaphylactic reaction due to unspecified food, initial encounter
T78.00XD	Anaphylactic reaction due to unspecified food, subsequent encounter

Diagnosis Code	Description
Non-Covered	
T78.00XS	Anaphylactic reaction due to unspecified food, sequela
T78.01XA	Anaphylactic reaction due to peanuts, initial encounter
T78.01XD	Anaphylactic reaction due to peanuts, subsequent encounter
T78.01XS	Anaphylactic reaction due to peanuts, sequela
T78.02XA	Anaphylactic reaction due to shellfish (crustaceans), initial encounter
T78.02XD	Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter
T78.02XS	Anaphylactic reaction due to shellfish (crustaceans), sequela
T78.03XA	Anaphylactic reaction due to other fish, initial encounter
T78.03XD	Anaphylactic reaction due to other fish, subsequent encounter
T78.03XS	Anaphylactic reaction due to other fish, sequela
T78.04XA	Anaphylactic reaction due to fruits and vegetables, initial encounter
T78.04XD	Anaphylactic reaction due to fruits and vegetables, subsequent encounter
T78.04XS	Anaphylactic reaction due to fruits and vegetables, sequela
T78.05XA	Anaphylactic reaction due to tree nuts and seeds, initial encounter
T78.05XD	Anaphylactic reaction due to tree nuts and seeds, subsequent encounter
T78.05XS	Anaphylactic reaction due to tree nuts and seeds, sequela
T78.06XA	Anaphylactic reaction due to food additives, initial encounter
T78.06XD	Anaphylactic reaction due to food additives, subsequent encounter
T78.06XS	Anaphylactic reaction due to food additives, sequela
T78.07XA	Anaphylactic reaction due to milk and dairy products, initial encounter
T78.07XD	Anaphylactic reaction due to milk and dairy products, subsequent encounter
T78.07XS	Anaphylactic reaction due to milk and dairy products, sequela
T78.08XA	Anaphylactic reaction due to eggs, initial encounter
T78.08XD	Anaphylactic reaction due to eggs, subsequent encounter
T78.08XS	Anaphylactic reaction due to eggs, sequela
T78.09XA	Anaphylactic reaction due to other food products, initial encounter
T78.09XD	Anaphylactic reaction due to other food products, subsequent encounter
T78.09XS	Anaphylactic reaction due to other food products, sequela
T78.1XXA	Other adverse food reactions, not elsewhere classified, initial encounter
T78.1XXD	Other adverse food reactions, not elsewhere classified, subsequent encounter
T78.1XXS	Other adverse food reactions, not elsewhere classified, sequela
Z91.010	Allergy to peanuts
Z91.011	Allergy to milk products
Z91.012	Allergy to eggs
Z91.013	Allergy to seafood
Z91.018	Allergy to other foods
Z91.02	Food additives allergy status

References

CMS National Coverage Determinations (NCDs)

[NCD 110.11 Food Allergy Testing and Treatment](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Allergy Testing				
L34313 Allergy Testing	A57181 Billing and Coding: Allergy Testing	Noridian		AS, CA, GU, HI, MP, NV
L33261 Allergy Testing	A57531 Billing and Coding: Allergy Testing	First Coast	FL, PR, VI	FL, PR, VI
L36241 Allergy Testing	A56558 Billing and Coding: Allergy Testing	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33417 Allergy Skin Testing	A56559 Billing and Coding: Allergy Skin Testing	Palmetto		AL, GA, NC, SC, TN, VA, WV
L36402 Allergy Testing	A57473 Billing and Coding: Allergy Testing	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
Allergen Immunotherapy				
L37800 Allergen Immunotherapy	A57678 Billing and Coding: Allergen Immunotherapy	First Coast		FL, PR, VI
L36240 Allergen Immunotherapy	A56538 Billing and Coding: Allergen Immunotherapy	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L32553 Allergy Immunotherapy	A56424 Billing and Coding: Allergy Immunotherapy	CGS	KY, OH	KY, OH
L36408 Allergy Immunotherapy	A57472 Billing and Coding: Allergy Immunotherapy	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE

CMS Benefit Policy Manual

[Chapter 15; § 20.2 Physician Expense for Allergy Treatment, § 50.4.4.1 Antigens](#)

CMS Claims Processing Manual

[Chapter 12; § 200 Allergy Testing and Immunotherapy](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
12/09/2020	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current information; no change to guidelinesArchived previous policy version MPG118.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare

Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT[®]), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT[®] or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).